

THE MONTHLY REVIEW OF CONDITIONAL RELEASE REPORT INSTRUCTIONS FOR COMPLETING THE FORM:

GENERAL GUIDANCE:

- Read the currently approved conditional release plan carefully. Do not assume that any of the general or special conditions have been modified or deleted unless you have a court order or letter from the NGRI judge of jurisdiction confirming that status. If the court has deleted or modified a condition, label that status in the comment section. If the conditional release plan was written so that the CSB has the authority to discontinue a service, only then it is allowed to discontinue the condition(s) without the court's specific approval. Note these 2 distinctions appropriately in the comment section.
- Don't use local names of programs, i.e., Rainbow House or abbreviations, i.e., ACR. Describe the program type instead, i.e., club house, detox program, adult home, etc.
- The 6-month report to the court does NOT substitute for the monthly report.
- The reporting form is available on disk for your convenience.
- **The monthly review of conditional release report is required for the first 12 months only.**

SPECIFIC INSTRUCTIONS FOR THE FORM:

1. NAME OF ACQUITTEE – Complete the full name of the acquittee.
2. DATE – Complete the date that the report is written.
3. COURT HOLDING JURISDICTION – Complete the name of the court that holds jurisdiction for the acquittee. If there are 2 or more courts of jurisdiction, complete all that apply.
4. TIME PERIOD COVERED IN REVIEW – Complete the calendar month and year for which the report is written. This report should always be completed for a full calendar month, i.e., September 2000. Do not write reports for “split” months, i.e., November 14 – December 14, 2000.
5. CHARGED WITH ANY CRIMES – Complete any crimes for which the acquittee has been charged during the reporting month.
6. CONVICTED OF ANY CRIMES – Complete any crimes for which the acquittee has been convicted during the reporting month.
7. GENERAL CONDITIONS OF RELEASE – Read the currently approved conditional release plan and write/type all general conditions in detail and by their number on the left side column. If the general conditions are not written/typed in their entirety, write/type meaningful phrases for each general condition that represents the court's intent of the general conditions.

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Check off “never”, “sometimes”, or “always” to describe the acquittee’s compliance with each general condition of their release.

Write/type in comments as needed to describe the acquittee’s compliance with the general conditions of their release.

If you condense the wording of the general condition on the report, ensure that your version of the condition still represents the Court’s intent and that it can be appropriately answered by the choices – “never”, “sometimes” or “always”. Do not just write/type in a number without a description of the general condition. Do not just write/type in that “all general conditions are fine”.

8. **SPECIAL CONDITIONS OF RELEASE** – Read the currently approved conditional release plan and list all special conditions in detail and by their number on the left side column. If the special conditions are not written/typed in their entirety, write/type meaningful phrases for each special condition that represent the court’s intent for each special condition.

Check off “never”, “sometimes”, or “always” to describe the acquittee’s compliance with each special condition of their release.

Write/type in comments as needed to describe the acquittee’s compliance with each special condition of their release.

If you condense the wording of the special condition on the report, ensure that your version of the condition still represents the Court’s intent and that it can be appropriately answered by the choices – “never”, “sometimes” or “always”. Do not just write/type in a number without a description of the special condition. Do not just write/type in that “all special conditions are fine”.

9. **DATE OF LAST FACE-TO-FACE WITH THE ACQUITTEE** - Complete the date of the last face-to-face with the acquittee by the case manager.
10. **DATES AND RESULTS OF ANY SUBSTANCE ABUSE SCREENING TESTS** – Complete the type of each test, the date(s) administered and the results of each test. If drug of alcohol testing is not ordered by the court and is not being administered, write/type in “not applicable”.

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11. OTHER COMMENTS ON ACQUITTEE'S PROGRESS AND ADJUSTMENT IN THE COMMUNITY – This is the opportunity to complete more information about the acquittee's progress, lack of compliance, or maintenance with the conditional release plan. It also provides space to comment on other factors that influence the acquittee's overall adjustment in the community.
12. SIGNATURE AND PRINTED NAME – The case manager assigned should sign their name and then print/type their name. It is also recommended to add the credentials of case manager, i.e., LPC, MSW, BS, RN, etc.
13. TITLE – Print/type in the title of the CSB case manager.
14. CSB AND MAILING ADDRESS – Print/type the name of the CSB and the mailing address of the case manager.
15. PHONE AND FAX NUMBERS – Print/type the phone number and the fax where the case manager can be reached.

OTHER INFORMATION:

- The Monthly Review of Conditional Release form is due on the 10th of the month following the reporting month. An example is that the November 2000 report is due on December 10, 2000.
- Only fax **or** mail the Monthly Review of Conditional Release report. Do not send both faxed and mailed copies.

Mailing address:

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- **QUESTIONS OR CONSULTATION???** Call Kathleen Sadler at 804-786-8044

